



*State of New Jersey*  
**DEPARTMENT OF HEALTH**  
DIVISION OF FAMILY HEALTH SERVICES  
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CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

MARY E. O'DOWD, M.P.H.  
*Commissioner*

**New Jersey Preventive Health and Health Service Block Grant Public Hearing**  
**New Jersey Department of Banking and Insurance**  
**20 West State Street, Conference Room 218, Trenton, NJ 08625**  
**3:30 p.m. 5:00 p.m.**  
**Thursday, April 9, 2015**  
**Meeting Minutes**

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**Attendee's:**

1. **Corine Orlando**; Director, Government Relations, American Heart and Stroke Association
2. **Patricia Teffenhart**, Executive Director, New Jersey Coalition Against Sexual Assault
3. **Sunita Mookertee**, Program Manager, New Jersey Primary Care Association, Inc.
4. **Melita J. Jordan**; Executive Director, Community Health and Wellness Unit, New Jersey Department of Health
5. **Serita Reels**, Public Health Program Prevention Specialist, Community Health and Wellness Unit, New Jersey Department of Health
6. **Teri Schley**; Administrative Assistant, Community Health and Wellness Unit, New Jersey Department of Health

**Overview of Preventive Health and Health Services Block Grant:**

*Background*

The Preventive Health and Health Services Block Grant is a mandatory grant given to 50 states, 2 American Indian tribes, 8 U.S. territories, and the District of Columbia by congress annually to

address their own unique public health needs and challenges with innovative and community driven methods.

The Omni-bus Budget Reconciliation Act of 1981 (Public Law 97-35) authorized a series of health and social services block grants to states to carry out programs that were previously authorized separately. The final version was signed into law on August 13, 1981, amending the PHS Act to create the PHHS Block Grant. The original legislation placed in the PHHS Block Grant supported the following categorical programs:

- Emergency Medical Services.
- Hypertension.
- Home Health Services.
- Health Incentive Grants (314d).
- Urban Rodent Control.
- Health Education/Risk Reduction.
- Fluoridation.

On October 27, 1992, (Public Law 102-531), established a number of significant changes to Section 1905 of the PHHS block grant. The new legislation mandated that the PHHSBG be solely devoted to Healthy People 2000/2010, the nation's health objectives. The grant required the states to submit a state health plan with selected health outcome objectives, descriptions of the health problems, identified target and disparate populations, and activities to be addressed.

During FY 1996, Public Law 102-531, was amended by adding a new Section 1910A use of allotments for rape prevention and education. This amendment authorized additional monies for rape prevention and education programs with 25% of the monies targeted to middle, junior, and high school students for education programs.

On October 28, 2000, Public Law 102-531 was amended by repealing Section 1910A from the PHHS block grant. This amendment became Public Law 106-386 and authorized monies for rape prevention and education programs to be administered through the National Center for Injury Prevention and Control.

The Block Grant is the primary source of flexible funding that provides states the latitude to fund any of 1,600+ national health objectives available in the nation's Healthy People 2020 health improvement plan. States invest their PHHS Block Grant dollars in a variety of public health areas. PHHS Block Grant dollars are used to support existing programs, implement new programs, and respond to unexpected emergencies.

The PHHS Block Grant is used to support clinical services, preventive screening, laboratory support, outbreak control, workforce training, public education, data surveillance, and program evaluation targeting such health problems as cardiovascular disease, cancer, diabetes, emergency medical services, injury and violence prevention, infectious disease, environmental health, community fluoridation, and sex offenses. Because of the variance in the allowable uses of the funds, no two states allocate their Block Grant resources in the same way, and no two states provide similar amounts of funding to the same program or activities.

***NJ PHHSBG Grant Application and Allocation for FY2015:***

The PHHSBG grant application deadline is due Friday, April 24, 2015. The award is from October 1, 2014 thru September 30, 2015. By September 30, 2015, the grantees would have completed activities that have met specific objectives outlined in the 2015 application.

The total award for the FY2015 New Jersey PHHSBG is \$4,379,893. This amount is based on an allocation table distributed by the CDC. This amount is a \$75,819 reduction from FY2014. However, all programs are funded at the same level. Of the total amount, \$196,579 is a mandatory allocation to the Department of Children and Families, New Jersey Division on Women's Rape Care and Prevention Program as the designated state agency to address sexual violence.

The PHHSBG application is prepared under federal guidelines which require New Jersey to use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

The PHHSBG funding is covering the following proposed Healthy People 2020 objectives for FY2015:

1. Asthma Initiative ALA - RD-6 Patient Education, RD-7 Appropriate Asthma Care
2. Faith in Prevention - ECBP-10 Community-Based Primary Prevention Services
3. Immunization/Vaccine Preventable Disease Program - IID-1- Vaccine Preventable Disease
4. New Jersey Division on Women (DOW) Rape Care & Prevention Program. IVP-39 - Intimate Partner Violence
5. Diabetes Prevention and Control Program (DPCP) - HO-D3 Diabetes Deaths, HO-D10 Annual Dilated Eye Examinations
6. New Jersey Heart Disease and Stroke Prevention Program - HO HDS-2 Coronary Heart Disease Deaths
7. Quality Improvement - PHI-16 Public Health Agency Quality Improvement Program
8. Public Health Accreditation - PHI-17 Accredited Public Health Agencies
9. Tobacco Cessation Program for Pregnant and Parenting Women -TU-6 Smoking Cessation During Pregnancy
10. Community Approach to Reducing Sexually Transmitted Diseases - Cumberland and Surrounding Counties - STD-1 Chlamydia, STD-2 Chlamydia Among Females, STD-6 Gonorrhea
11. Shaping NJ Healthy Community Grants - NWS-9 Obesity in Adults
12. Public Health Infrastructure Development - PHI-1 Competencies for Public Health Professionals

Several logic models and program description were on displayed for attendees to review:

- Tobacco Cessation Program for Pregnant and Parenting Women
- Public Health Accreditation Program
- Quality Improvement Program
- Community Approach to Reducing Sexually Transmitted Diseases - Cumberland and Surrounding Counties
- Faith In Prevention
- Asthma Initiative ALA

**Questions from the public:**

*How did the New Jersey Department of Health (NJDOH) determine which programs received funding?*

Programs to be funded by the PHHSBG were voted on by the PHHSBG Advisory Committee. The committee is composed of 12 members that represent state and local public health agencies, community-based organizations (including minority community-based organizations) schools of public health, businesses, and the general public. A description of each program and proposed activities including a review of trend data was presented to the Advisory Committee and as required to you the public to elicit comments, and input that is again reviewed by the Advisory Committee related to proposed programs to be funded by the PHHSBG. The Advisory Committee previously reviewed the New Jersey Chronic Disease Prevention and Health Promotion Plan “Partnering For A Healthy New Jersey” gathering a broad view of NJ’s stakeholders perspective on public health priorities that have large-scale impact and proven strategies. The Statewide Chronic Disease Plan identified seven winnable battles which include: 1) increase physical activity; 2) improve nutrition; 3) eliminate tobacco use; 4) improve environmental health; 5) enable self-management; 6) increase early detection; and 7) improve access to quality health care. Based on a comprehensive review of trend data, proposed programs, and priorities outlined in the New Jersey Chronic Disease Prevention and Health Promotion Plan, the Advisory Committee recommended 12 programs to receive the PHHSBG allocation.

*Does NJ DOH reallocate PHHSBG funds?*

The NJ DOH can reallocate PHHSBG funds to better address vital public health programs and emerging public health needs. For FY2015, three programs were moved to another funding source in order to support activities related to quality improvement and public health accreditation.

*Does NJ DOH use the PHHSBG to fund agencies outside of the government?*

Currently, NJ DOH funds several outside agencies to support the implementation of activities outline in the PHHSBG application. For example, the Diabetes Prevention and Control Program funds the Commission for the Blind and Visually Impaired (CBVI) - Diabetic Eye Disease Detection Program (DEDD) to provide dilated eye screenings to underserved populations. However, starting in 2016, NJ DOH will begin the process of soliciting Requests for Proposals (RFP's) from external agencies to directly apply for the PHHSBG. To advance this direction, the Advisory Committee will provide an opportunity for interested stakeholders to learn about the reporting requirements and federal statute governing the PHHSBG and Prevention and Public Health Fund (PPHF) for uses and funds made available under section 4002 of the Patient Protection and Affordable Care Act of 2010 (ACA) and how to operate the web-based grant management system.

*Q4. Does the PHHSBG fund any programs to address heart disease?*

The PHHSBG supports the New Jersey Heart Disease and Stroke Prevention Program. Heart disease affects every segment of the population. Unfortunately, it is the leading cause of death in women in the United States and in New Jersey. According to the most recent data, 9,486 women died from heart disease in New Jersey in 2009, with death rates being higher for African-American women compared to other ethnic groups. The HSDP Program will utilize the gender analysis framework, developed by the Liver Pool School of Tropical Medical, to explore how gender is impacting heart disease in women. Gender differences and inequalities are a major cause of inequity in health and healthcare access. The framework will be used to explore the ways in which gender roles, stereotypes, norms, resources, and perceptions impact death and disability due to heart disease in women, and finds ways to address the inequalities that arise from it. The results of NJHDSPP's further examination of heart disease and health disparities will serve as the impetus for future health programs focused on heart disease and women.

The first step of the analysis will be to examine existing sex disaggregated health outcomes data to look at patterns in who become ill (i.e. age, socio-economic, and ethnic groups); when women become ill, and where women become ill. The second step will be to conduct key

informant interviews with community-based agencies that focus on heart disease to further explore the social, cultural, and economic factors impacting heart disease for women and how to improve the situation.